

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
08/689,248

FILING DATE  
10-11-00

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2	1				
3	1				
4	1				
5	1				
6	1				
7	1				
8	1				
(9)	1				
10	1				
11	1				
12	1				
13	1				
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15	1				
16	1				
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49					
50					
TOTAL IND.	16				
TOTAL DEP.	16				
TOTAL CLAIMS	19				

IND.	DEP.	IND.	DEP.
51			
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TOTAL IND.			
TOTAL DEP.			
TOTAL			

BEST AVAILABLE COPY